

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

1. County of DeLa
District of _____
Town of Miami
or
City of _____

State Index No. 186
County Registrar No. 88
Local Registrar No. 43

2. Full name of child Lucille Gardner (If birth occurred in a hospital or institution, give its NAME instead of street and number)
No. _____ St. _____ Ward _____
If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. Legitimate? yes 6. Date of birth Jan. 13-1926
Month day year

3. FATHER Full name William A. Gardner 4. MOTHER Full maiden name Afton Lucella

9. Residence (Usual place of abode) Miami 15. Residence (Usual place of abode) Miami
If nonresident, give place and state Ariz. If nonresident, give place and state Ariz.

10. Color or race Cauc. 16. Color or race Cauc.
11. Age at last birthday 31 (Years) 17. Age at last birthday 23 (Years)

12. Birthplace (city or place) Woodruff 18. Birthplace (city or place) Porterville
(State or country) Arizona (State or country) Utah

13. Occupation Nature of industry Electrician 19. Occupation Nature of industry Housewife

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living. 2 (b) Born alive but now dead _____ (c) Stillborn _____ 21. Were precautions taken against erythema neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE 46

I hereby certify that I attended the birth of this child, who was born at 10 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.
Signature Cyril M. Brown (Physician or midwife)
Address Miami, Ariz.

Given name added from a supplemental report _____
Month, day, year. _____
Filed Feb 28, 1926 _____
Local Registrar.

Registrar.

Filed 3/5 1925 G. E. Weyhman
County Registrar.

379-113-131